



SKI ASTONS

Ski Tutor /Guide
Application



Personal Information

Title: **Forename:** **Surname:**
Date of Birth: **Age:**
Nationality: **Current Occupation:**

Address:

Postcode:

If you are a student, please give a permanent address at which you can be contacted

Address:

Postcode:

Telephone Number (include STD Code)

Day:

Evening:

Mobile:

E Mail: @

Fax:

Please state your preferred mode of contact:

Qualifications/ Certificates

Please also enclose photocopies of any qualifications/certificates stated below

	Licence & Level	Date & Place obtained	Current Licence/ Ref No.	Expires
<input type="checkbox"/>	BASI			
<input type="checkbox"/>	SNSC ASL			
<input type="checkbox"/>	SNSC APC			
<input type="checkbox"/>	BASI Trained			
<input type="checkbox"/>	PSIA			
<input type="checkbox"/>	Other (State)			
<input type="checkbox"/>	FIRST AID			



Driving

Please indicate with a tick whether you possess any of the following licences

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Car | Date Passed |
| <input type="checkbox"/> | PCV | Date Passed |
| <input type="checkbox"/> | Experience of driving on the continent | |

Dietary & Medical

Please state any specific medical or dietary requirements

Criminal Convictions

Have you ever been convicted of a criminal offence not covered by the rehabilitation of offenders act?

Skiing History

Experience skiing on snow	Weeks	Seasons
Instructing experience on snow	Weeks	Seasons
Instructing experience on dry	Weeks	Seasons

Please state experience of instructing schools / youth groups (List time period and company)

-
-
-
-
-

State other coaching / teaching / instructing experience with youth groups

-
-
-
-
-



Please indicate your knowledge of the listed resorts using the following grading

A- Excellent B-Good C- Basic (Leave blank where no knowledge assumed)

AUSTRIA

WILDERKAISER

Ellmau

Scheffau

Soll

Westerndorf

ZILLER VALLEY

Mayrhofen

Zell am Ziller

Kaltenbach

Hochfugen

Hintertux Glacier

OTHER

Saalbach

Zell am See

Kaprun Glacier

Stubai Glacier

Kitzbuhel

SWITZERLAND

JUNGRAU

First

Wengen

Kleinscheidegg

Murren

Schilthorn

Saas Grund

Saas Fee

Gstaad

Verbier

List other regions skied

-
-
-
-
-

Foreign Languages

Please specify any foreign languages spoken indicating whether fluent or working knowledge

-
-
-
-
-



SKI ASTONS

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Outline your suitability as an applicant for the role of ski / snowboard tutor / guide:

How did you hear about Ski Astons? (Give name of contact or magazine):

- We require you to tick this box to confirm your agreement for Ski Astons to process your data in accordance with our Privacy Policy as detailed on our website:
www.skiastons.co.uk

References

Please supply the name & address of 2 referees. At least one should be able to outline your suitability as a ski or snowboard tutor/guide. Please do not name a friend or relative. Where referees are based at educational establishments, please include an alternative address during the holiday period.

1st Referee

Name:

Address:

Tel:

Fax:

Position / Occupation:

2nd Referee

Name:

Address:

Tel:

Fax:

Position / Occupation:

I certify that the information offered is true and correct and I have enclosed copies of all relevant certificates:

Signed:

Date:

Return to: **Ski Astons, Clerkenleap, Broomhall, Worcester. WR5 3HR**
Email: info@skiastons.co.uk Tel: 01905 388070 Fax: 01905 700283

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